

# CLAIMS ONLY

Application Number  
**091934334**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65		4				
66		4				
67		4				
68		4				
69		4				
70		4				
71	1					
72		4				
73		4				
74	1					
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83	1					
84		1				
85		1				
86		1				
87		1				
88		1				
89		4				
90		4				
91		4				
92		4				
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	7					
Total Depend		89				
Total Claims	7	89				